



BUSINESS PERSONAL PROPERTY TAX BILL CHANGE OF ADDRESS FORM

City of Boston Assessing Department

**(Not to be used to change mailing
address for Real Estate Tax bills)**

Return Form to:
CITY OF BOSTON
PERSONAL PROPERTY
P.O. BOX 9712
BOSTON, MA 02114

Name of Business: _____

Name of Owner(s): _____

I.D. Number (6 digit # which can be found on Bill): _____

BUSINESS ADDRESS

Old Business Address:

Street _____

City _____ ZIP _____

New Business Address:

Street _____

City _____ ZIP _____

MAILING ADDRESS

Old Mailing Address:

Street _____

City _____ ZIP _____

New Mailing Address:

Street _____

City _____ ZIP _____

Current Business Phone #: () _____ - _____

Date of Move (Required if business address has changed): ____/____/____

SIGNATURE AUTHORIZATION

Signature of Owner/Representative: _____

Printed Name of Signer: _____

Date of Signature: ____/____/____

Please Note: Businesses that have moved out of the City of Boston on or after January 1st are responsible for paying the taxes to Boston for the entire fiscal year which begins on the following July 1st. Businesses that have moved out of Boston prior to January 1st must file the annual Form of List with the municipality to which they have moved in addition to informing the City of Boston.